

CHECKLIST FOR:

LAKE COUNTY VARIANCE APPLICATION (DENSITY MAP & REGULATIONS)

This checklist is to assure your application is complete so it can be processed promptly. Please use the check boxes next to each item. You will be notified within 5 working days if any key elements are missing. Be reminded that additional information may be required as the application goes through the review process.

You are welcome to schedule an Informal Project Preview with the Planning Department staff prior to submitting an application. This is a free service to ensure projects go as smoothly as possible from the beginning. We are more than happy to discuss your project and provide feedback!

Submit the checklist, application and fee to:

Lake County Planning DepartmentPhone406.883.7235106 4th Avenue EastFAX406.883.7205Polson MT 59860Emailplanning@lakemt.gov

Please check that you have completed the following:			
	Check to Lake County Planning Department		
	Applicant Contact Information		
	Local Agent/Contractor Contact Information		
	Project Location/Description		
	Location Sketch		
	Site Plan		
	Description of Requested Variance (item #5 on form), including narrative letter		
	Lake County Environmental Health Review (Sanitation) – PERMIT?		
	Other Required Permits?		
П	Landowner/Agent Certification and Signature(s)		

Typically, the Lake County Board of Adjustment meets on the second Wednesday of each month in the Large Conference Room on the 3rd floor of the Lake County Courthouse. Requests for Board of Adjustment action, including variance applications, must be submitted to the Lake County Planning Department at least twenty-eight (28) days prior to the usual monthly meeting. All application related materials must be submitted prior to the submittal deadline.

See the department webpage for regulations and other information: www.lakecounty-mt.org/planning

VARIANCE APPLICATION(Density Map & Regulations)

Application nu	mber:
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This application must be used for variance requests related to the Lake County Density Map and Regulations. Attach a check payable to the Lake County Planning Department for \$500.00 and submit the application materials (2 copies) to the Lake County Planning Department, 106 Fourth Avenue East, Polson, MT, 59860.

Please check $(\sqrt{})$ the box next to each item below to demonstrate completion of the item. If an item is not applicable to your proposal, include N/A next to the box to indicate it is not required.

	propose and conduct the proposed activities): Name of Applicant:						
	Name of Applicant:						
	City	State:	Zin Code·	Phone #			
				I none "			
□ 2.	Local Agent/Contractor Contact Information* (if applicable): Name of Agent/Contractor:						
	Mailing Address:						
				Phone #			
	Email:		ed, attach a sheet containing				
	Legal Description:						
		ed Exhibit #_etc ·		Lot: Block:			
				Acres / Square Feet (circle)			
	Tax ID Number:	Geoc	ode:				
	Lake County Density Ma	p region that the pr	roperty is in:				
4.	·	-	locate the property for a s r features to assist in locat	site visit. The sketch should identify ing the project site.			

		a.	Scale
		b.	North Arrow
		c.	Property boundaries with dimensions noted
		d.	Location and dimensions of all buildings on the property, including an indication of whether each building is connected to water and/or sewer
		e.	Location of any surface waters or wetlands
		f.	Location and dimension of the existing and proposed easements, roads, and driveways accessing the property
		g.	Location of existing or proposed utilities including water, sewer, electric and telephone services
		h.	Distance of all existing and proposed structures to property boundaries
6.	Re a) b)	W	riefly, what would approval of the requested variance allow?
	c)		 ttach a narrative statement (letter) discussing the following items for the Board of Adjustment to onsider when determining if the variance request should be granted: 1. Whether the granting of the variance will or will not be contrary to the public health and/or welfare; 2. Whether there are any relevant special conditions that result in unnecessary hardship from the literal enforcement of the provisions of the Density Map and Regulations;
7.	No	te:	3. Whether the granting of the variance will observe the purpose of the Density Map and Regulations and the goals and objectives of the Lake County Growth Policy. County Environmental Health Review (Sanitation): All development proposals are required to demonstrate compliance with all applicable Lake County onmental Health Department requirements.
	En If y If r Of	viro yes, not, <u>fice</u>	vou obtained an on-site wastewater treatment system installation or use permit from the Lake County onmental Health Department for the proposal? Yes No what is the permit # please explain: Use only: rian review/comments:
8.	Aı	re th	Required Permits: here any other permits required for this proposal? Yes No include the name of each permitting agency and the type of permit(s) required below and include

	a copy of the permits or applications in the Variance Ap	plication packet.
By kno vari Lak app com as a	Landowner Certification: signing this application, I certify that the information being wledge and that I am the owner of the property authorized ance approval issued as a result of this application strictly the County and to all conditions of approval. Any changes roval by Lake County. I further understand that the applicant mence until approval has been issued by the Lake County I pplicable. If construction commences prior to approval, the fines, corrective actions, and/or after-the-fact review fees.	I to represent the proposal. I understand that any limits activities to authorized plans on file with to the proposal may require addition review and ble activity proposed by this application shall not Planning Department and/or Board of Adjustment, applicant and the designated agents may be liable
rela as v peri Adj	anty Density Map and Regulations. By completing and sign ted to this application will be done in compliance with the well as all applicable regulations of Lake County and the mission to the members of the Lake County Planning ustment, or their designated agents to enter onto the sub- lication and any construction or modification of the proper	requirements of the Density Map and Regulations, State of Montana. Furthermore, I hereby grant Department staff, the Lake County Board of ject property for the purposes of evaluating this
	LANDOWNER SIGNATURE(S)	DATE

Incomplete or erroneous applications will be returned to the applicant.

See following page for additional information.

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Contact:
Lake County Planning Department
106 Fourth Avenue East
Polson, MT 59860

Phone: 406-883-7235 Fax: 406-883-7205 Email: planning@lakemt.gov

www.lakecounty-mt.org/planning